

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 APR 30 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L01000020758**
1. Entity Name
**PEDIATRIC WEIGHT MANAGEMENT
GROUP, LLC**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **2042 Quail Roost Dr.** 3. Mailing Address **SAME**
Suite, Apt. #, etc. _____ Suite, Apt. #, etc. _____

DO NOT WRITE IN THIS SPACE

City & State **Weston, FL** City & State _____
Zip **33329** Country **USA** Zip _____ Country _____

4. FEI Number _____ Applied For
Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name **PEDRO SOMARRIBA**
Street Address (P.O. Box Number is Not Acceptable) **2042 Quail Roost Dr.**
City **Weston, FL** FL Zip Code **33329**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Managing Member MGRM Pedro Somarriba 2042 Quail Roost Dr Weston, FL 33329	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my Signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **Sandra Greenhoff Esq. Auth Rep. 4/29/02** Date **305-371-8585**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR20083B (12/01)

ACCOUNT FILING COVER SHEET
WALK IN

ACCOUNT #: FCA000000014

CORPDIRECT AGENTS
103 N. MERIDIAN STREET
TALLAHASSEE, FL 32301
850-222-1173

CONTACT: Pam
DATE: 4-30-02
REF #: 0472. 6373
CORP. NAME: Pediatric Weight Management
Group LLC

PLEASE FILE THE ATTACHED ANNUAL REPORT AND ISSUE A:

() CERTIFIED COPY () PLAIN COPY () GOOD STANDING

PLEASE DEBIT OUR ACCOUNT IN THE AMOUNT OF \$ 50.00

AUTHORIZATION: Office